

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006412

FILED FEB 28 1962 149

754

STATE FILE NUMBER

AMENDED

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No.

| | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|--|---|--|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson | | | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 1 Day | | c. CITY OR TOWN Lee's Summit | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Luke Hosp. | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 607 So. Green St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Paul Ralston Belcher | | | | 4. DATE OF DEATH Month Day Year Feb. 5 1962 | | | | | | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 7/15/1897 | | 9. AGE (last birthday) 64 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | | | 11. BIRTHPLACE (City and state or country) Raymore Mo. | | | | 12. CITIZEN OF WHAT COUNTRY U S A | | | |
| 13a. FATHER'S NAME John Belcher | | | | 13b. MOTHER'S MAIDEN NAME Harriet Allsworth | | | | 14. NAME OF HUSBAND OR WIFE Bettie M. Belcher | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. [REDACTED] | | | | 17. INFORMANT Address Mo. Mrs Bettie M. Belcher Lee's Summit | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary Artery Disease DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yr | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | | | | | | | |
| 20c. TIME OF INJURY Hour s.m. p.m. 1:30 PM | | Month, Day, Year | | | | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | | | COUNTY | | STATE | | | | | |
| 21. I attended the deceased from 11-7-1959 to 2-5-62 and last saw him alive on 2-5-62 . Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | | | |
| 22a. SIGNATURE Clint L. Miller M.D. | | | | 22b. ADDRESS Lee's Summit Mo | | | | 22c. DATE SIGNED 2-6-62 | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2/8/1962 | | 23c. NAME OF CEMETERY OR CREMATORY Baymore Cem. | | | | 23d. LOCATION (City, town, or county) (State) Raymore Mo. | | | | | | | |
| 24. FUNERAL DIRECTOR Langsford Funeral Home | | | | 25. DATE RECD. BY LOCAL REG. 2-9-62 | | | | 26. REGISTRAR'S SIGNATURE Ruth Long | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W B Langford

Licensed Embalmer No. 3233

P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.